

EMPLOYER'S NOTICE OF APPLICATION
Request for Separation and Wage Information
The individual identified below has filed a claim for unemployment compensation benefits. Complete this form as requested and return it to the address on the reverse in the enclosed envelope **WITHIN 4 BUSINESS DAYS**. Failure to reply within this period will result in a determination as to eligibility based on available facts. Your signature and the date signed are required on the bottom of this form.

PLEASE COMPLETE PARTS:

☒ A ☐ B ☐ C ☒ D

FOR LOCAL OFFICE USE ONLY

Social Security No. 181-66-3925	Claimant's Name STEPHANIE A. MRAZ	Badge No.	Mailing Date 10-27-03	Renewal Date	LER MM
The claimant has indicated the reason for separation or partial unemployment as:		Date of Application 10-19-03	PGM REG	Seq. No. 03	LD No. 0987
					45/45A

PART A

If applicable, list wages, hours worked, tips, and hours absent when work was available for the dates below. If none, check this block ☐

• If the employee was absent when work was available, give average hourly wage: \$

Dates	Gross Wages Ernd. Ea. Day	Hrs. Worked Each Day	Tips and Gratuities	• Hours Absent
10-19-03				
10-20-03				
10-21-03	39.97	4.15		
10-22-03				
10-23-03	41.40	4.30		
10-24-03				
10-25-03				
TOTAL	81.37	8.45		

PART B

What was the claimant's last day of work prior to: 7

Please enter the date here: _____

Did the claimant earn \$ _____ or more during THE PERIOD
FROM _____ TO _____ ?

☐ YES ☐ NO; If NO, amount earned \$ _____

EMPLOYER'S

NAME AND ADDRESS 03-042430

MR TILE INC
RD B BOX 2360
KITANNING

PA
16201-3547



PART C

1. Last date worked (Complete if date

is different from PART B above): _____

2. Was the claimant hired for: ☐ Full Time? ☐ Part Time?

If part time, explain: _____

3. Reason for Separation or Partial Unemployment: IMPORTANT - Please check the appropriate block below. If the employee was separated for reasons other than lack of work, provide an explanation below. If you indicate the reason for separation is employee misconduct, you must provide a full and detailed statement of the action(s) that resulted in termination of employment. This statement should be signed by a person with firsthand knowledge and must be accompanied by copies of relevant documentation such as time cards, personnel files, written warnings, employer's rules, medical statements, and statements of persons with firsthand knowledge of the events leading to the termination.
☐ Lack of Work ☐ Voluntary Quit ☐ Misconduct ☐ Other, explanation: (Use extra sheet if necessary)

4. Will the claimant receive a pension payment? ☐ YES ☐ NO; If YES, amount \$ _____ ☐ Monthly ☐ Lump Sum

If YES, provide the effective date _____

5. Educational Institutions and Educational Service Agencies: Does this individual have a contract or reasonable assurance of returning to work when school reopens? ☐ YES ☐ NO Reasonable assurance means that an individual who performs services for an educational institution or educational service agency in the first of two successive academic years or terms, or immediately prior to an established vacation or holiday closing, has a verbal, written or implied agreement to return to work for an educational institution or educational service agency in the same capacity and under substantially the same economic terms and conditions in the second of such academic years or terms immediately following the vacation or holiday period.

PART D

1. What is the claimant's gross full time base wage? \$9.63 hr; \$ _____ day; \$ _____ week.

2. Type of Separation: ☐ Permanent ☐ Partial Unemployment

☐ Temporary - enter expected date of recall _____

WAS THE CLAIMANT PAID OR WILL HE/SHE BE PAID:

3. For any days after his/her last day of work? ☐ YES ☒ NO; If YES, amount \$ _____ representing wages thru _____

4. Holiday Pay? ☐ YES ☒ NO; If YES, amount \$ _____ holiday _____

5. Vacation Pay? ☐ YES ☒ NO; If YES, amount \$ _____ payment date _____

If payment is for vacation shutdown or designated period, specify the period: from _____ to _____

6. Remarks: 5-27-03 Employee requested 2-4 hour days. Original requested hours is all that is available. Employee submitted valid doctor's excuse - Employee declined 40 hours that was available at that time.

By my signature, I certify that the information that I have supplied is true and correct. I realize that the Pennsylvania Unemployment Compensation Law provides penalties for making false statements.

10-30-03
Date

Signature

Comptroller
Title

724 548 7601
Telephone No.

NO FURTHER NOTICE WILL BE ISSUED TO YOU UNLESS YOU HAVE INDICATED SOME LEGAL BASIS FOR THE DENIAL OF BENEFITS.